RCE #

PTO/SB/17 (10-03)

Under the	red to re	Approved for use through 7/31/2006. OMB 0651-0022 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE and to respond to a collection of information unless it displays a valid OMB control number.						
FEE TRANSMITTAL							Complete if Known	· .
	Γ	Application Number			er 09/345,373-Conf. #1167	09/345,373-Conf. #1167		
	for EV 2	004	Γ	Filing	Date		July 1, 1999	· ·
	for FY 2		Γ	First N	Named	Inven	tor Steven M. Ruben	
Effe	ctive 10/01/2003, Patent fees are su	ibject to annual revision.	<b>—</b> -√	Exam	iner Na	me	C. J. Saoud	
Ap	plicant claims small entity state	us. See 37 CFR 1.27		Art Un	nit		1647	-
TOTAL A	MOUNT OF PAYMENT	(\$) 880.00		Attorn	ey Doo	ket No	p. PF155C1	
MET		FEE CALCULATION (continued)						
Check	Credit Money Order Sit Account:	Other None	3. A	DDITIO	DNAL	FEES		
Deposit	Sit Account.		Large	Entity	Small	Entity		
Account Number	08-3425		Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
Deposit Account	Human Genome Scien	ces, Inc.	1051	130	2051	65	Surcharge – late filing fee or oath	
Name	r is authorized to: (check all that		1052	50	2052	25	Surcharge – late provisional filing fee or cover sheet.	
X Charge	e fee(s) indicated below X	Credit any overpayments	1053	130	1053	130	Non-English specification	
X Charge any additional fee(s) or any underpayment of fee(s)					1812	2,520	For filing a request for ex parte reexamination	
	1804	920*	1804	920*	Requesting publication of SIR prior to			

Deposit				7	Large	Entity	Small	Entity	_	
Account Number		<u>-</u>	08-3425		Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
Deposit Account	Huma	ın Ge	enome Sciences, Inc.		1051	130	2051	65	Surcharge – late filing fee or oath	
Name The Director is authorized to: (check all that apply)				1052	50	2052	25	Surcharge – late provisional filing fee or cover sheet.		
X Charge fee(s) indicated below X Credit any overpayments  X Charge any additional fee(s) or any underpayment of fee(s)				1053	130	1053	130	Non-English specification		
				1812	2,520	1812	2,520	For filing a request for ex parte reexamination		
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
					1805	1,840*	1805	1,840*	D	
FEE CALCULATION					1251	110	2251	55	Extension for reply within first month	110.00
1. BASIC FILING FEE					1252	420	2252	210	Extension for reply within second month	
Large Enti	ty Small	Entity	1		1253	950	2253	475	Extension for reply within third month	
Fee Fe		Fee (\$)	Fee Description Fe	ee Paid	1254	1,480	2254	740	Extension for reply within fourth month	
1001 77	'	385	Utility filing fee		1255	2,010	2255	1,005	Extension for reply within fifth month	
1002 34	0 2002	170	Design filing fee		1401	330	2401	165	Notice of Appeal	
1003 53	0 2003	265	Plant filing fee		1402	330	2402	165	Filing a brief in support of an appeal	
1004 77	0 2004	385	Reissue filing fee		1403	290	2403	145	Request for oral hearing	
1005 16	0 2005	80	Provisional filing fee		1451	1,510	1451	1,510	Petition to institute a public use proceeding	
		SHR	TOTAL (1) (\$)	0.00	1452	110	2452	55	Petition to revive – unavoidable	
			101ΑΕ(1) (ψ)	0.00	1453	1,330	2453	665	Petition to revive - unintentional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				1501	1,330	2501	665	Utility issue fee (or reissue)		
			Extra Fee from Follow F	ee Paid	1502	480	2502	240	Design issue fee	
Total Claims 12 -152 = x =			1503	640	2503	320	Plant issue fee			
ndependen	nt 2	-13	= x = =		1460	130	1460	130	Petitions to the Commissioner	
Claims Multiple De <sub>l</sub>	pendent	!		$\equiv$	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
_arge Enti	ty Small	Entity			1806	180	1806	180	Submission of Information Disclosure Stmt	
Fee Fe	e Fee	Fee (\$)	Fee Description		8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1202 18	2202	9	Claims in excess of 20		1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1201 86 1203 29		43 145	Independent claims in excess  Multiple dependent claim, if no		1810	770	2810	385	For each additional invention to be examined (37CFR 1.129(b))	
1203 25		43	** Reissue independent claims	•	1801	770	2801	385	Request for Continued Examination (RCE)	770.0
			over original patent		1802	900	1802	900	Request for expedited examination	1.70.0
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent				Other f	of a design application  Other fee (specify)					
	ı	O. "	<u> </u>	0.00					Deid CURTOTAL (2)	990.0
		ຸຮປ	BTOTAL (2) (\$)	0.00	Hedu	icea by I	Basic Fi	iing Fee	Paid SUBTOTAL (3) (5)	880.0

	and over original paters	Other ree (spec	ter ree (specify)						
**or number	SUBTOTAL (2) (\$) previously paid, if greater, For Reissues, see		Basic Filing Fee Paid	SUBTO	TAL (3) (\$) 880.00				
SUBMITTED	ВҮ			(Complete (if applicable))					
Name (Print/T	Гуре) Mark J. Hyman	Registration No (Attorney/Agent)	I/ID /RG	Telephone	(240) 314-1224				
Signature	My			Date	February 5, 2004				